



City of Idaho Falls Parks & Recreation Golf Advisory Board

Applicant

Phone

Street

City

Zip

- | | | |
|---|-----|----|
| 1. Are you a resident of the City of Idaho Falls? | Yes | No |
| 2. How long have you lived in the City? | Yes | No |
| 3. Do you play golf? | Yes | No |
| 4. Do you belong to a Golf Association? | Yes | No |

If the answer to #4 is yes, what association?

5. Why are you interested in serving on the Golf Advisory Board?

6. What do you feel that you can contribute while serving on the Golf Advisory Board?